



ISLINGTON

# **REPORT OF THE HEALTH AND CARE SCRUTINY COMMITTEE**

## **HEALTH IMPLICATIONS OF DAMP PROPERTIES**



London Borough of Islington  
September 2016

## CHAIR'S FOREWORD

### Introduction:

The problem of damp in properties is not a new one:



### Islington Gazette headline from 60 years ago

The purpose of this scrutiny has been to try and establish a better understanding of the health impacts on the lives of people living in damp properties, and also, by implication a more meaningful connection between those health issues and instances of damp within the property in which they live. The scrutiny exercise as a whole has proved more problematic than might have been expected.

It is considered common knowledge that damp properties cause health issues such as breathing difficulties and allergic reactions, but it has proved difficult to establish a clear causal relationship between specific health issues and the damp conditions that people are living in. Combined with this difficulty is the difficulty of establishing whether damp conditions in individual properties are due to building fabric defects or the 'lifestyle', as it is termed, of the occupants of the property. A further defining factor, especially for older people, can also be fuel poverty.

What seems unavoidable however, is that people who are suffering health issues as a result of damp are genuinely suffering, and that this suffering can often be compounded by depression and anxiety if damp issues are not resolved.

In scrutinising this issue, the committee has found what it believes to be a lack of rigour and method in the way that complaints about damp are dealt with, and a regular complaint from councillors' casework is that officers investigating complaints about damp in LBI properties are too quick to resort to 'lifestyle' as an explanation for the problem, rather than investigate building fabric-related issues properly.

The Committee's recommendations are intended to address the variety of issues that have become evident as a result of the scrutiny, both health-related and housing-related, as well as the social issue of fuel poverty.

Cllr Martin Klute  
Chair of Health and Care Scrutiny Committee

# **Health Implications of Damp Properties Scrutiny Review**

## **Evidence**

The review ran from June 2015 until September 2016 and evidence was received from a variety of sources:

1. Presentations from witnesses – Katie White, Andover Estate TRA, Jan Manderson, Girdlestone Estate TRA, Ken Kanu – Help on Your Doorstep, Residents of Alderwick Court, Steve Phillips – Private Landlord, James Stone and Hayley Rowbottom – Hyde Housing Association
2. Presentations from council officers – Baljinder Heer-Matiana , Public Health, Damian Dempsey, Housing and Adult Social Services, Ellis Turner – Residential Environmental Health
3. Documentary evidence – Office of Deputy Prime Minister 2006 Housing, Health and Safety Rating system

## **Aim of the Review**

**To understand the scale and nature of the negative health and wellbeing impacts of damp housing conditions in Islington, and the effectiveness of current arrangements and measures for tackling damp and its adverse conditions on health**

## **Objectives of the Review**

- **To understand the relationship between damp housing conditions and health and wellbeing in general, and specifically the impact of damp housing on Islington residents health and wellbeing**
- **To understand the extent of damp housing across all tenure types in Islington, and the current arrangements and mechanisms that exist for preventing, identifying, addressing and mitigating its impacts**
- **To assess the effectiveness of current approaches to tackling both the structural and behavioural causes of damp, with a particular focus on health-related outcomes, and to make recommendations for increasing the impact of local measures, as appropriate**
- **To particularly assess the impact of dampness on children and how it affects absence from school**

The detailed Scrutiny Initiation Document (SID) is set out at Appendix A to the report

## RECOMMENDATIONS

The Health and Care Scrutiny Committee recommends to the Executive that the following measures be implemented to help deal with health issues related to damp properties:

- 1. Rehousing of tenants:** Where there are damp issues in a property, and tenants can evidence related health issues, the Council is to presume that the damp is the cause of the health problems, and where tenants wish to be rehoused, the Council and Partners for improvement (PFI) are to progress rehousing. RSL's and private landlords are also to be encouraged to adopt the same policy
- 2. Building/Fabric issues:** That the repairs department, when investigating complaints about damp, should consistently eliminate roof leaks, rising damp, plumbing issues, ventilation issues, cold bridging, lack of insulation on and any building fabric issues as causes of damp, before raising 'lifestyle' issues with residents. Many residents report a presumption on the part of Council surveyors that all damp issues are due to 'lifestyle', where in fact the issues are often building related
- 3. Experienced Damp Surveyor :** An experienced damp surveyor to be employed by the Council and PFI to investigate and resolve damp problems. (The Committee heard that the response of officers to complaints of damp is prone to inconsistency, and also repeat visits, for no apparent reason. Surveyor's knowledge of damp-related issues is found to be variable.)
- 4. Hyde Damp and Condensation Survey proforma:** That following the Council's Condensation Protocol discussion document, this proforma be adopted by the Council's housing department and other RSL's, as a basic structure for investigating damp (Proforma attached as Appendix to the report)
- 5. Systematic response by Council officers:** Council, PFI, and RSL surveyors, as well as adopting the standardised pro-forma under recommendation 4 above, should be consistent in their reporting their findings to residents. Residents report inefficiencies, with surveyors adopting different responses and strategies, and recommending different courses of action for similar types of damp problems
- 6. Database of damp properties:** The Council and PFI are to set up and maintain a database of properties across the borough that have known damp issues
- 7. Help On Your Doorstep database:** Help on Your Doorstep have offered to share with the Council information on residents they have contacted with damp issues. Repairs department to take up this offer to help establish more accurately the extent of damp problems. (Any personal information to be shared only with residents consent.)
- 8. Legal issues accessing leasehold properties:** That the Council and PFI take robust legal steps to access all leasehold properties, where the damp issues appear to emanate from leasehold properties adjoining council tenancies. Also, that legal advice be taken on the scope and options to access leaseholder properties, and the advice be circulated to all officers involved in damp investigations
- 9. External or Internal Wall insulation:** The Council, PFI and RSL'S should carry out external or internal wall insulation, wherever feasible and cost effective on all Council and RSL estates within the borough. There should be a presumption that insulation works form a part of any major works undertaken. The success of the recent external wall insulation work at Holly Park Estate in saving energy costs and reducing dampness problems for residents, is evidence of the effectiveness of this strategy
- 10. Improvement grants:** Publicity be made available to private sector landlords on grants available for improvements to insulation for properties
- 11. Clear information leaflets:** Leaflets should be issued to residents on how to report and to deal with damp issues. This should also include advice on how to operate heating systems to maximum effectiveness and to deal with any condensation issues. Leaflets should also be made available to GP surgeries across the borough, and with GP's being made aware of the existence of the leaflets, and asked to distribute them to tenants that present with damp related health problems

**12. GP information programme:** Public Health and Environmental Health are to work with the CCG to disseminate information to the Borough's GP's on the extent and issues with damp properties and their perceived interaction with health issues, and to request GP's to return data to the CCG when they are seen by patients with health issues that appear to be related to living in a damp property.

## MAIN FINDINGS

Tackling cold and damp housing conditions is important because of its association with a range of health conditions, from common colds to asthma through to respiratory and heart conditions. Cold and damp homes are also associated with poor mental health and poor social and economic outcomes, as well as fuel poverty.

Dampness and mould growth in Islington's own housing stock has been addressed through improved heating, insulation and ventilation and the Council has begun an education and awareness campaign on condensation and its behavioural causes.

Damp is the presence of unwanted moisture diffused through the air, condensed on a surface or within the solid substance of a building, and through water ingress, typically with detrimental or unpleasant effects. Excess moisture often leads to mould growth on building surfaces.

Moisture in buildings is most commonly caused by leaking pipes, wastes or overflow rain seeping in through the roof, spilling from a blocked gutter or penetrating around window frames or rising damp, due to a defective damp proof course or because there is no damp proof course. Cold bridging that creates cold surfaces inside homes is also a cause of condensation and damp. Where the source of moisture is not related to structural faults, leaks or rising damp or the newness of the property if plaster is still drying, it is probably due to condensation.

Three factors contribute to the condensation of water on building surfaces –

Humidity of indoor air – condensation appears when the indoor air in a room cannot hold the level of moisture. Warm air can hold more moisture than cold air. For example, running a bath causes steam. As the air in the bathroom fills up with water vapour, it can no longer hold all the moisture that it contains. As a result tiny drops of water appear and develop first on cold surfaces, such as mirrors and window sills.

Low temperature – condensation can be worse when it is cold. The humid air comes into contact with cold surfaces, transforms into surface mist and then into water, which then runs down the walls/window etc., causing wooden frames to rot and wallpaper and painted walls to blister.

Poor ventilation – Humidity of indoor air can be reduced by ventilation. If air exchange is inadequate, then humidity accumulates indoors and leads to increased condensation. In addition, walls remain cool when a lack of free movement of indoor air prevents warm air from reaching them. Mould may form where there is little movement of air, for example in a windowless basement or behind wardrobes.

Normal everyday living results in significant amount of moisture production. Cooking, laundry, washing and human and animal respiration are the most significant sources of moisture in typical homes. The average family produces 10 litres of moisture every day. Managing this moisture is a necessary and important element of day to day home management. Households with children will tend to produce more moisture and children tend to experience the greatest health impacts from mould growth.

Even when adequate heating and ventilation are installed, dampness and mould growth may still occur where window management and changes in approaches to drying clothes are put into place. Concerns about heating costs, misconceptions about heating patterns and concerns over extractor fan noise may mean households can sometimes, contribute to dampness levels. Supporting residents to change behaviour with regard to moisture management can be effective in making improvements to levels of condensation and damp.

Exposure to damp and mouldy environments may cause a variety of health effects, or in some people have minimal or no effect. Some people are sensitive to moulds and for these people can cause nasal stuffiness, throat irritation, coughing or wheezing, eye or in some cases skin irritation. People with mould allergies may have more severe reactions, and immune compromised people and people with chronic lung illnesses, such as obstructive lung disease, may get serious infections in their lungs when they are exposed to mould. There is limited evidence also to show that indoor mould exposure can lead to respiratory illnesses in otherwise healthy children.

Other recent studies have suggested that there could be a potential link of early mould exposure to development of asthma in some children, particularly among children who may be genetically susceptible to asthma development, and that selected interventions that improve housing conditions can reduce morbidity from asthma and respiratory conditions, but more research is needed on this.

Other research has indicated an association between dampness, moisture and mould and the prevalence of respiratory symptoms amongst children of all ages. For instance, in one study children in homes with damp/and or mould were two and a half times more likely to have coughs or wheezing than children in 'dry homes'. A UK study also showed that visible mould is significantly associated with an increased risk of wheezing amongst 9-11 year olds. This is supported by other studies from Europe.

Damp and condensation leads to cold homes, which can exacerbate fuel poverty, where a family cannot afford to heat its home to an adequate standard of warmth. The lower your income the more likely you are to be at risk of fuel poverty, putting you at further risk of social and health inequalities. There is strong evidence on the mental health and wellbeing impacts of fuel poverty and cold homes and the significant benefits to mental wellbeing from tackling fuel poverty.

In addition, cold indoor temperatures affect and worsen other conditions, such as the common cold, flu, pneumonia, arthritis, rheumatism, and chronic and/or long term conditions and can also delay recovery from illness. Individuals in cold homes, particularly the elderly, may also be vulnerable to injuries from falls as a result of individual strength and dexterity.

Research shows that people living in well insulated and adequately ventilated accommodation are less likely to visit their doctor or to be admitted to hospital due to respiratory conditions than those living in damp homes.

Islington has the fourth highest prevalence of asthma and COPD in London in 2014 and the fifth highest number of emergency admissions for respiratory tract conditions among young children in 2012/13, although the numbers of admissions have reduced from a peak in 2007/8.

The Health Needs and Social Housing Profile 2012 for Islington found that in the areas of highest density of social housing, COPD prevalence is 24% higher than expected, as is the prevalence of asthma, 15%, depression 42%, dementia 42%, chronic liver disease 57%, stroke 14%, and psychotic disorders, 65%, even when age has been taken into account.

Census data from 2011 shows that people living in rented accommodation in Islington are almost twice as likely to report that they have a limiting long term illness, than those who own their own home, more than 3 times as likely for social renters. Unfortunately, there is no way of looking at which health conditions these people have.

In 2013 about a million English home, around 4%, had problems with damp, compared with 2.6 million, 13% homes in 1996, Some 8% of private rented dwellings had some type of damp problem, compared with 5% of social rented dwellings and 3% of owner occupied dwellings, although private rented dwellings tended to be older and more prone to damp. The extent of damp housing in Islington is difficult to measure as estimates are largely dependent upon residents reporting incidence of damp and mould growth.

6,771 damp inspections were carried out between 2007 and 2015. Whilst between 2010 and 2014 the Council's Residential Environmental Health service inspected 665 properties, where damp and mould were found, 133 of which were at such a level as to present a significant risk to the health of the occupiers. The 2008 Islington Private Sector Stock Condition Survey estimated that 869 owner occupied and privately rented homes had a Category 1 Damp and Mould hazard, indicating that the extent of dampness and mould growth was likely to be harmful to health. This is an estimate of those where the Council would be required to take action under the Housing Act 2004 and there are likely to be a further number of lower level category 2 hazards.

The Committee heard evidence from the Andover and Girdlestone Estate TRA's concerning their estates, which were two main hotspots for dampness problems in the borough. Housing Property services have completed the pilot works on parts of the Andover Estate and the works covered are cyclical improvements, Decent Homes work and Dampness works, which include a combination of improved building standards, insulation and ventilation of properties.

Incorporating lessons learnt from this pilot, the main contract, which will roll out the work to the remainder of the Andover Estate, will start in Autumn 2015 and is scheduled to be completed by 2017/18. The pilot for the Girdlestone Estate is due to commence in January 2016, with completed 'roll out' of the contract, due to be completed by 2018/19. The works on both estates covered are Cyclical Improvement works, Decent Homes work and Dampness work, which includes roof renewal, private balcony asphalt removal and works to the internal duct system.

Tackling cold and damp housing is important because of its association with a range of health conditions. Addressing damp and condensation can be challenging, as the source of the problem is not always easily identified, and can be caused by a mixture of factors, including structural defects, a lack of or faulty damp coursing or condensation dampness caused by both human and building factors. Islington Council has a number of schemes to reduce the impact of damp housing, which go beyond the national provision.

In relation to social housing, Islington has invested significantly in improving the energy efficiency of its own housing stock. It has also fitted external wall insulation to 269 solid walled properties at the Holly Park Estate and 36 properties at Neptune House. The Holly Park external wall insulation work is being evaluated over three stages, measuring the impact on residents self-reported thermal comfort, energy use and bills, damp and mould, and health and wellbeing. The final results have shown that the External Wall Insulation (EWI) has had a positive effect on improving thermal comfort. The number of people, who said their property was warm enough with the heating on, rose from 69% to 95% following EWI. Survey respondents on the estate, also indicated that they had a considerable reduction in the amount of time that they used their heating, and the proportion of people who used their heating for more than six hours per day decreased from 31% to 10% after the EWI was fitted.

The survey findings record a £10 monthly saving in the median bill amount over winter, from Autumn 2013 to Spring 2015. This is likely to be an underestimate, as those paying by Direct Debit would accrue these savings every month of the year, rather than just the winter months.

For some residents there was also an improvement in problems with damp and mould, however this was not reported across the board.

Understanding the full impact of the EWI on health and wellbeing has proved more difficult and while research indicates that there may have been some improvements in wider wellbeing, such as a reduction in the level of concern over heating bills, the impact on physical health conditions has been harder to track. The number of residents that self-report conditions, which can be associated with living in cold and damp homes was too small to identify, whether or not there had been any changes in the severity of these long term conditions.

The findings of the Holly Park evaluation should be viewed in the context of wider evidence considering the efficiency of external wall insulation. It was not possible within this evaluation to undertake a cost-benefit analysis and wider evidence in this area is limited. The relatively expensive installation costs of external wall insulation when compared to other energy efficacy interventions, means that it can be a long period of time before cost savings offset installation costs. Significant progress has been made on insulating lofts and cavity walls in Council stock, however Islington has a large number of older or challenging properties and further progress needs to be made on these, particularly where occupied by vulnerable residents.

Since social housing makes up around 45% of the borough's housing stock, social landlords can have a huge impact on fuel poverty. Joint funding applications, with other social housing providers, could systematically address particular areas, be attractive to energy companies and produce economies of scale. Requiring new developments to offset CO2 emissions associated with building, could enable a fund to be available to improve energy efficiency in Islington homes, including social housing.

Insulating solid wall properties presents the biggest challenge, but would also potentially have the biggest impact on fuel poverty. Within the Council's own stock there are 14,600 uninsulated solid wall homes. Energy Company Obligation funding is available for this work, but has not been available at 100% funding.

In early 2015 Islington also secured funding from UK Power networks, in order to run an education and awareness campaign on the Harvist Estate. This estate has the largest concentration of electric storage heated properties in Islington. Working with residents to reduce running costs for a potentially costly heating method, is likely to support more efficient heating, and thus reduce the risk of fuel poverty.

Islington is also working to deliver a number of Combined Heat and Power scheme networks across the borough. The first development opened in November 2012 in Bunhill ward, providing cheaper, greener heat to over 800 homes. Large Council estates present some of the best opportunities for such developments and will deliver heat and power more efficiently and at lower cost to residents.

Islington Housing Services also developed a condensation protocol in 2014, with colleagues in Environment and Regeneration. This supports an agreed, consistent approach to tackling the problem of condensation and damp in Council homes. The protocol commits the Council to identifying the source of damp and taking action to address it, both through improvements and repairs to its properties and by educating residents about lifestyle changes they can make, to reduce condensation in their home.

The Council invests £2m per year in addressing dampness in its properties and £10m in improving energy efficiency to help relieve these problems.

As part of Islington's Warm and Healthy Homes programme, residents receiving certain benefits can apply for an energy efficient replacement boiler. The main private sector grant scheme, Safe and Warm, has been running since 2001, providing fully funded energy efficiency and security measures to vulnerable owner occupiers and leaseholders. This grant is provided by Residential Environmental Health, who are active in trying to identify and action the least energy efficient homes in the private rented sector. They are also committed to tackling poor private rented housing, through the Housing Health and Safety rating system.

For residents of all housing tenures, Islington has invested in Energy Doctor in the Home. This programme, operated by Groundwork since 2009, is aimed at vulnerable residents and provides a home visit, where advice is given on how to save energy in their home, how to use their heating system more efficiently. The Energy Doctor also fits smaller energy saving measures, such as

draught proofing and reflective radiator panels. Over 4,900 households have been assisted by this programme.

Islington's affordable warmth services have provided local energy advice services to residents for around 30 years and they also provide a 'drop in' facility for residents. There is a freephone service and also an outreach service. The SHINE (seasonal health intervention network) referral programme processes referrals from a range of partners in front line service provision. In 2015 an escalated referral route was established, whereby residents with chronic respiratory conditions were prioritised for diagnostic survey, and this has helped develop relationships with partners in respiratory medicine.

In the Council's Asset Management Strategy 2013/2043 consultation, residents in Islington social housing indicated that preventing and resolving dampness in Council properties is one of their top priorities. The Council plans to allocate a total of £73m to carry out works to resolve damp problems and tackle problem condensation to ensure all homes are free of damp.

In terms of what more the Council could do, the Committee considered evidence that the Islington Private Sector Stock conditions survey 2008 had indicated that fuel poverty was particularly high amongst private tenants and single pensioners. These groups require particular attention.

Islington Council receives a ring-fenced Public Health grant from the Department of Health to fund the cost of its Public Health service. The total funding for 2015/16 is £25.4m, however an in-year cut is expected, whilst a future reduction in grant is also expected.

The Committee considered evidence from TRA representatives on the Andover Estate and Girdlestone Walk TRA and in addition, Ken Kanu of Help on Your Doorstep, as to experiences of residents who suffered from dampness problems.

The Committee noted that the Girdlestone Estate, which had been built in 1975/76 had 95% of properties, which had, or were suffering from dampness. There were a number of causes of dampness on the estate, including central heating pipes, roofing, lack of damp proof coursing, leaks from balconies etc.

There had been constant problems with the Council in resolving these problems and tenants often gave up with trying to get remedial works carried out, and even if they were carried out, it only appeared to be a superficial repair that was carried out and it was not dealing with the main problem.

The problems of dampness on the estates has led to instances of residents suffering from depression, respiratory problems, allergies, coughs and colds and the issues affected all floors on the estate, not just the ground floors.

The Committee noted that a programme of works is being drawn up on the Girdlestone Estate and a pilot scheme would shortly be started with a rolling programme of major works, commencing in 2016/17 for the rest of the estate. However, there could be difficulties in gaining access to leaseholder properties, where there are central heating pipe problems. A similar pilot is at present taking place on the Andover Estate, to assess where the problems were, with major works taking place in 2015/16.

The Committee also noted that both of the TRA's who gave evidence, complained about a lack of communication from the Council to tenants, who had reported dampness problems, and even when tenants had requested feedback on action to be taken, they were not kept informed of the action proposed, or what the problems were, and this often led to tenants giving up. It also exacerbated the problems and had led to depression for some tenants. In addition, tenants often gave up pursuing the complaint, which led to them continuing to live in damp conditions.

The Committee also heard evidence from Help on Your Doorstep, which is a door knocking and outreach service that visits residents in the borough to assist with problems.

Help on Your Doorstep stated that a number of residents had complained about dampness problems to their properties and that a number of these were elderly or vulnerable residents. In addition, there are families with young children that are affected, and recurring medical themes identified are respiratory problems, allergies, infections, skin complaints and mental illness.

Many residents also complained about the smell of damp in their properties and that it lingered on their clothes. Help on Your Doorstep echoed the views of the TRA witnesses that a common complaint was that Council officers never responded to them on dampness issues. To date, Help on Your Doorstep had identified 261 cases associated with dampness in the last 5 years, and clients complained of the number of multiple visits they had from surveyors and also the fact that they did not inform them what was going on. Even if works were carried out, they were often superficial, and did not seem to address the underlying problem.

The Committee were concerned that all the witnesses had complained about the poor communication of Housing officers with residents and that even when requested, copies of surveyor's reports did not seem to be made available to residents. We feel that this is an area that needs to be addressed, and also there is a need to address the issue of where English is not the first language.

The Committee noted that there were consultation meetings taking place with residents on the major works planned, in order to keep them informed of the proposals, and the Committee welcomed this.

The TRA representative from the Andover Estate stated that the Andover Estate also suffered from dampness problems and that there were not only problems in the newer blocks, but also in the older blocks as well. The tenants on the Andover Estate also suffered from similar medical conditions to those on the Girdlestone Estate and the elderly and children, in particular, suffered from coughs/colds, allergies and respiratory problems.

The Committee are of the view that whilst the new blocks on the Andover Estate would be benefitting from major works, because of the dampness problems on the older blocks, there needed to be a systematic look at these as well, in order to address causes of the problems there. This should include why dampness problems in the kitchen and bathrooms had become worse, following the decent homes work, and residents should be consulted and informed of the findings of these investigations.

The Committee heard evidence concerning the pilot works, which are taking place on the Andover Estate, and were concentrated on some of the worst affected flats, which were within the ground floor units to the four storey blocks, which have individual garages. The pilot works were completed in December 2014.

The pilot phase was carried out to attempt to resolve the known condensation and dampness problems and to highlight other areas, improve upon and subsequently resolve them.

Proposed remedial works will include external communal cyclical repair works, picking up the decent homes bathrooms, WC's, and kitchens from last time, and work with the new build team. In addition, external and internal surveys have been undertaken to the whole building envelope to address weaknesses/faults and thoroughly reviewed the design of the proposed condensation/dampness works to take into account all possible potential areas of cold bridging for the various types of properties. There will also be thermal insulation works, both internally and externally taking place, heating, ventilation and to the water storage systems.

There are also electrical/carpentry works that will take place and resident profiling and consultation will take place in order to inform residents of works and to minimise disruption to residents, as far as possible. Education on how to avoid condensation should be provided to residents, as lifestyle will also be a major consideration and factor in the success of the scheme.

The Committee considered evidence from residents at Alderwick Court, in relation to health problems of residents, and their children that lived in the block and the fact that many residents suffered from dampness problems.

The Committee heard that residents, particularly children, suffered from chest problems, such as bronchitis and asthma, and that this often necessitated visits to Accident and Emergency and them missing time from school.

The Committee heard evidence that there were problems of black mould spores in the block, cold bridging, lack of insulation, lack of ventilation and rising and other types of dampness.

The Committee also considered evidence from Residential Environmental Health that they did have powers to enforce on Housing Associations and private landlords remedial works and that they were now working in a more multi-disciplinary way, with Health and Social Care, and with the Energy team, to prepare for the introduction of new energy efficiency regulations in 2018.

The Committee were keen to consider whether there is evidence showing a health linkage between dampness and health conditions. The Committee considered guidance issued by the Office of the Deputy Prime Minister, which had been issued in relation to Housing and Health and Safety in 2006.

This indicated that the most vulnerable group in health terms, of the adverse effects of damp and mould growth are persons aged 14 years old or younger and these estimates are based on the mortality figures for England and Wales of respiratory disease and GP consultation rates for coughs and wheezes. The elderly are also adversely affected.

Research has shown that low levels of background ventilation, even without visible mould or dampness, can result in high humidity levels and in greatly increased house dust mite populations. These and mould spores are potent airborne allergens, and exposure to a high concentration of these over a prolonged period of time will cause sensitisation of certain individuals, and can cause allergic symptoms, such as rhinitis, conjunctivitis, eczema, cough and wheeze and asthma.

Although less significant statistically in health terms, spores of many moulds and fungi, can be allergenic. Fungal infection is usually associated with those vulnerable to infection.

The mental and social health effects of dampness and mould should also not be under-estimated. Damage to decoration from mould or damp staining and smells, associated with damp and mould, can cause depression and anxiety.

The indications are that house dust mite and indoor mould growth have increased over the last century. This is probably due to reduced ventilation levels, increased humidity and warmer indoor temperatures in winter months, caused by changes in dwelling design and adaptations when houses are renovated.

In terms of cold conditions in properties, the most vulnerable age group is the over 65 year olds and statistical evidence shows that there is a continuous relationship between indoor temperature and vulnerability related to cold related death. It was noted that the colder the dwelling, the greater the risk to health.

Cold related illness is, in part, determined by the characteristics of the dwelling and in part by occupation factors. The energy efficiency of a building depends on the thermal insulation of its structure, on the fuel type, and the size and design of the means of heating and ventilation. Any disrepair or dampness to the dwelling, and any disrepair to the heating system, may affect their efficiency. The exposure and orientation of the dwelling are also relevant.

Some forms of insulating material, will become less effective over time, and as water readily conducts heat, excess moisture content i.e. dampness will reduce the thermal insulation provided. The effectiveness of some forms of insulating material can be compromised by moisture. Dampness will affect the thermal insulation of bedding, increasing the risk.

The Committee were keen to hear evidence of the work that is being carried out, in order to deal with dampness and condensation problems in Partners and other public/private sector properties.

Partners housing stock is mainly Victorian and Georgian street properties and Partners had responsibility for 2900 properties and 4500 tenants. In addition, there are 1800 leaseholders. The properties were mainly solid brick walls and had sash windows and therefore there were inherent problems with carrying out cost effective insulation work.

Partners recognised that that dampness is detrimental to health, and this issue has been addressed in a number of ways, and in particular by a refurbishment programme from 2002-2012. Advice is also given to tenants and vulnerable residents. The refurbishment programme included ventilation work, damp proof works in basements and some external wall works. Ongoing repairs are carried out by Rydon's, Partners sub-contractor, who deal with 23,000 repair requests per year, and only 3% of these properties had damp related issues. Of the 778 initial complaints relating to dampness only 205 had resulted in an independent damp survey being carried out. There had been no major issues of dampness identified in the previous few months.

The Committee were informed that ad hoc work is carried out in relation to condensation problems and Partners provided advice to residents by distributing leaflets on this, and also on energy saving measures. Assistance is also given to vulnerable residents and there is liaison with SHINE.

Secondary glazing works had recently taken place to some properties and boilers had been replaced to be more energy efficient and there is a programme of loft insulation. There is a desire to carry out more insulation work to walls, and install secondary/double glazing, but this work is expensive to carry out.

Partners stated that the main causes of dampness were rising damp, water ingress, plumbing, drainage, and roofing problems. There were condensation issues, but the important thing is for there to be specialist knowledge, in order to identify and rectify any problems.

Partners have an obligation to tenants to resolve issues and to work with tenants, and whilst there had been roofing problems some years previously, these had now been largely resolved.

Partners informed the Committee that they recognised the health implications of dampness on residents and they had an important role in reducing dampness in their properties.

The Committee also received evidence from a private landlord who managed over 300 properties.

The Committee were informed that dampness is a major issue in private sector properties, and 1 in 3 houses suffer from some kind of dampness problem. There are different causes of dampness in properties and this could range from a damp proof course failure, condensation, construction/design issues or ventilation problems

It is important to identify the reasons for a dampness problem at an early stage, in order that it does not affect health, and we noted that private landlords often felt that there is a lack of communication between the landlord and tenant, often until the situation has become serious, and that it was sensible to resolve such problems before that stage is reached.

The Committee noted the view that it is felt that in private sector housing tenants on low incomes, who could not afford to put their heating on, often contributed to some dampness problems, such as condensation and mould or by not using extractor fans, and drying washing on radiators etc. Most tenants tended to report problems, only when health concerns become evident, and that it has now been proven that there is a link between dampness problems and health issues, in particular, for some young children and the elderly.

It was important to ensure that tenanted properties had adequate heating, which is economic to operate, and that adequate advice is given to ensure that tenants knew how to operate such heating and also that advice is given on drying clothes, adequate ventilation etc.

The Committee expressed the view that for many years, Council housing surveyors had tended to blame dampness problems on tenants lifestyle issues, however in many cases it has now been ascertained that these were due to underlying construction/design of housing. The Committee felt that in future, it is only when these factors have been ruled out, that lifestyle issues should be considered.

It was noted that whilst external insulation is a good way of reducing dampness problems, this could be expensive to install on older properties.

Hyde Housing Association also gave evidence to the Committee, in relation to dampness problems in their properties. Hyde outlined to the Committee the methods by which they dealt with such problems. The Committee were informed that in the event of an emergency the matter is referred to the emergency services team and, if there is a social services referral or a care issue, the tenant is 'sign posted' to the appropriate agency/ies. Hyde also now had a full complement of surveying staff, which had not previously been the case.

The Committee learnt that Hyde would make initially make attempts to resolve a serious dampness issue that has been reported, however if this is not possible then temporary rehousing will be considered. Hyde staff did not have medical expertise. Therefore, Hyde is not able to assess health problems caused by dampness, but would advise tenants that if they thought that there was a health problem, then they should contact their GP for advice.

Hyde also issued advice to tenants on lifestyle issues and if this was identified, and there being no other underlying cause, monitoring would take place to ensure the advice is being followed, and if it had been effective. Hyde stated that they experienced most dampness problems in their more elderly Victorian and Edwardian properties.

## **CONCLUSION**

The Committee have considered, in detail, the measures that are being taken to reduce the effects that damp properties has on the health of residents. Whilst, the Council and its partners have put in place extensive work in recent years, and in particular the extensive works that are planned on the two worst Council estates affected by dampness over the next few years, (which will no doubt alleviate many of these problems), there are still areas where the Committee think improvements can be made and these are outlined in our recommendations.

The design of many elderly properties means that it is often expensive and difficult to treat dampness effectively, which further exacerbates problems for residents.

It is hoped that the Executive will adopt the recommendations of the Committee.

## **MEMBERSHIP OF THE HEALTH AND CARE SCRUTINY COMMITTEE – 2015/16 and 2016/17**

### **MEMBERSHIP 2015/16**

**Martin Klute – Chair**  
**Jilani Chowdhury – Vice Chair**  
**Nurullah Turan**  
**Raphael Andrews**  
**Una O’Halloran – Replaced Osh Gantly October 2015**  
**Rakhia Ismail- Replaced Mouna Hamitouche October 2015**  
**Gary Heather**  
**Tim Nicholls**

**Co-opted Member:**  
**Bob Dowd – Islington Healthwatch**

**Substitutes:**  
**Alice Donovan**  
**Alex Diner**  
**Jean Roger-Kaseki**  
**Jenny Kay**  
**Una O’Halloran until October 2015**  
**Alice Perry**  
**Dave Poyser**  
**Clare Jeapes**  
**Olav Ernten/Philip Watson – Islington Healthwatch**

### **MEMBERSHIP 2016/17**

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**Jilani Chowdhury**

**Co-opted Member:**  
**Bob Dowd – Islington Healthwatch**

**Substitutes:**  
**Alice Perry**  
**Dave Poyser**  
**Clare Jeapes**  
**Satnam Gill**  
**Angela Picknell**  
**Marian Spall**  
**Olav Ernten/Philip Watson – Islington Healthwatch**

*Acknowledgements: The Committee would like to thank all the witnesses who gave evidence to the review.*

*Officer Support:*

*Peter Moore – Democratic Services*

*Lead officer/s- Simon Kwong, Damian Dempsey - Housing and Adult Social Services and Julie Billett, Baljinda Heer Matiana -Public Health*

## APPENDIX A – SCRUTINY INTITATION DOCUMENT

<b>SCRUTINY REVIEW INTITATION DOCUMENT</b>
Review: The health impacts of damp housing conditions
Scrutiny Committee: Health Scrutiny Committee
Lead Officers: Julie Billett, Joint Director of Public Health and Simon Kwong, Director of Housing Property Services
Overall aim: To understand the scale and nature of the negative health and wellbeing impacts of damp housing conditions in Islington, and the effectiveness of current arrangements and measures for tackling damp and its adverse impacts on health.
<p>Objectives of the review:-</p> <ul style="list-style-type: none"> <li>• To understand the relationship between damp housing conditions and health and wellbeing in general, and specifically the impact of damp housing on Islington residents' health and wellbeing.</li> <li>• To understand the extent of damp housing across all tenure types in Islington, and the current arrangements and mechanisms that exist for preventing, identifying, addressing and mitigating its impacts?</li> <li>• To assess the effectiveness of current approaches to tackling both the structural and behavioural causes of damp, with a particular focus on health-related outcomes, and to make recommendations for increasing the impact of local measures, as appropriate.</li> <li>• To particularly assess the impact of dampness on children and how it affects absence from school.</li> </ul>
Duration: Approx. 6 months
<p>How the review will be conducted</p> <p>Scope: The review will look at the issue of damp and its impact on health across all tenure types in Islington, and at the measures taken by the council, RSLs, Housing Associations and private landlords to address damp housing and its health-related impacts.</p> <p>Types of evidence to be assessed:</p> <ul style="list-style-type: none"> <li>• National and local data on             <ol style="list-style-type: none"> <li>a. Health and wellbeing impacts of damp housing (particularly on older people and children), including understanding evidence of causation and association.</li> <li>b. Scale and location of damp properties in Islington, including information on the type/cause, severity etc, as well as the limitations of what is known regarding damp housing conditions.</li> <li>c. Overview of local programmes and interventions to prevent, identify, diagnose and address damp, and information on their impact and effectiveness.</li> <li>d. Islington's housing transfer policy, its operation in practice and how it takes into account the interaction between residents' health and housing conditions.</li> </ol> </li> <li>• Witness evidence from a range of relevant individuals and organisations             <ol style="list-style-type: none"> <li>a. LBI                 <ol style="list-style-type: none"> <li>i. Housing</li> <li>ii. Public Health</li> </ol> </li> </ol> </li> </ul>

- iii. Residential Environmental Health
- b. External partners
  - i. Partners for Improvement
  - ii. Registered providers eg Family Mosaic, Circle, etc
  - iii. Islington Registered Landlords Forum
  - iv. Islington CCG - impact on health/addressing damp housing in care pathways; impact on primary care
  - v. Help on Your Doorstep
- c. Residents
  - i. Residents – identified via members' casework?
  - ii. Tenants/residents associations
  - iii. Islington HealthWatch
- Site visits to see:-
  - a. housing / housing estates with known damp conditions
  - b. housing where remedial action is or has been taken to address damp
  - c. Any out of borough schemes/programmes offering learning for Islington

**Additional information:**

May want to also consider hearing from national organisations regarding innovative practice such as Shelter, National Housing Federation, etc.

**Actions to take**

**APPENDIX B**

## Damp and Condensation Survey Pro Forma

<b>revision</b>	
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<b>date</b>	
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<b>address (incl post code)</b>	
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<b>Surveyor</b>	
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<b>Brief description of property (age, construction type, materials used, property's location (if in a block))</b>

<b>Weather condition</b>	
--------------------------	--

<b>Reported problem</b>

<b>Reason for Survey</b>	
routine survey request	
linked to a complaint	
Disrepair or Environmental Health enquiry	

## External checks

### Roof

Is it in good order? Missed or slipped tiles, lifted or damaged flashings and to falls? Water draining away?

Chimney stacks; well pointed and with flaunching and capping in good order

Rain water goods; Blocked? to good falls, in good repair, joints good and adequately sized for the run offs

### Walls

condition of pointing and rendering

condition of materials/ **building fabric**

### Doors and windows

material

condition

condition of weathering to heads, reveals and cills?

### Damp proof course

age?

type

Is It visible

is it breached

## Internal checks

### Heating

is it working, list any defects (cold rads or cool rooms, **position and number of radiators and size of pipework**)

does it have a **working** programmer (**digital or analogue**)

how is it being used

is a heating audit needed? If so order it via GCS. And cc in compliance team

**Ventilation**

are trickle vents present **and functioning?**

air bricks /other ventilation

do windows open ?

describe air extraction systems fitted **and their efficiency**

are they working?

are they humidity controlled?

**Insulation**

are walls solid?

is there wall insulation

is their roof/floor insulation

Is there cold bridging

**Sources of humidity**

Occupancy (number of occupants)

high volume Cooking (**presence or absence of door to kitchen and whether it is closable**)

extensive Drying clothes **within property?**

evidence of unvented tumble dryer

**Summary of what you think is wrong**

**Advice given to tenant (**was leaflet on condensation provided?**)**